



DELBERT HOSEMANN  
*Secretary of State*

FORM PS

**PROFESSIONAL SOLICITOR  
APPLICATION FOR REGISTRATION**

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**Mississippi Secretary of State's Office  
P O Box 136, Jackson, MS 39205-0136 -- (601) 359-1057**

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**INSTRUCTIONS**

- All questions must be answered completely and accurately. *Please type or print*
- Any part of Question 4 that is answered "yes" **must** have copies and/or explanations attached.
- The form must be notarized.

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***AN APPLICATION FOR REGISTRATION MUST BE ON FILE WITH THE SECRETARY OF STATE'S OFFICE **BEFORE** ANY SOLICITATIONS ARE MADE. ALL REGISTRATIONS EXPIRE JUNE 30TH***

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Professional Fund-raiser: \_\_\_\_\_

Mississippi Registration # \_\_\_\_\_

1. Name of applicant \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

2. Social Security Number: \_\_\_\_\_

3. Attach list of other state or governmental agencies that have registered applicant to solicit contributions.

4. ( A ) Has applicant ever had any license, registration, or permit denied, canceled, suspended, revoked, and/or enjoined or is any such action pending? YES\_\_\_ NO\_\_\_ If yes, attach copies of such action.

( B ) Has applicant ever been named in any civil, administrative, or other legal actions filed pursuant to any state or local charitable solicitations act? YES\_\_\_ NO\_\_\_ If yes, attach copies.

( C ) Has applicant ever been convicted of a misdemeanor involving the misappropriation, misapplication, or misuse of money or property of another, or of any felony? YES\_\_\_ NO\_\_\_ If yes, attach copies.

( D ) Has applicant ever been fined or have entered into any agreement with any governmental authority in any state limiting or prohibiting its fund-raising activity? YES\_\_\_\_ NO\_\_\_\_ If yes, attach copies of such action and explanation.

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I certify that the information on this document and in the attachments hereto is true and correct. I further certify that I am authorized to submit this form on behalf of the Registrant. I understand that I am under a continuing obligation to notify the Secretary of State's Office of any changes in the information provided to that office.

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SIGNATURE

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TYPED (or printed) NAME

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

NOTARY SEAL

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NOTARY PUBLIC